

PODIATRY

C A N A D A

CPMA
Canadian Podiatric Medical Association / L'association médicale podiatrique canadienne

THE LEADING EDGE PUBLICATION FOR PODIATRISTS IN CANADA | SPRING 2016



In this issue:

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Welcome!

We are delighted to announce the CPMA has engaged the Association management team at Alleyne Inc. effective December 1, 2015. Mr. Joel Alleyne is our new Executive Director and Jacinta Khan is our new Administrative Director.

The Alleyne team are experienced professionals who bring significant experience in advisory, information and research businesses, with a primary focus on Management Consulting. They have worked with many organizations in both the public and private sectors across the Americas and in Europe and have managed a number of non-profit organizations, such as: CareNET Services Inc.; the Association for Claims Exchange; Health Industry Electronic Commerce Association; the Canadian Health Care Anti-fraud Association; and MSK Courses of Canada. Our principals have served on the Boards of a number of non-profit organizations including: Surrey Place Foundation; Several alumni organizations; e-Commons Agora; Information Technology Association of Canada (ITAC); and ITAC Health. Alleyne has also served several healthcare associations and organizations at both a national and provincial level.

The Alleyne team will build on the strong foundation laid by our previous Executive Director and lead the CPMA into a new phase of development, focusing on outreach and growth.

Joel Alleyne has also been an advisor to CPMA for five years and this has helped us pave the way to discussions with insurance companies and CLHIA.

We would also like to take this opportunity to thank the CPMA board for their great work and for ensuring such a smooth and effective transition.

Please join us in welcoming Joel and his team to CPMA and in wishing him/them the best for this important assignment. You may reach Joel via e-mail at jalleyne@podiatrycanada.org and Jacinta can be reached at jlkhana@podiatrycanada.org. General inquiries can be directed to info@podiatrycanada.org.

With my best regards,

Dr. Joseph Stern

President, Canadian Podiatric Medical Association ■

BOARD CONTACT INFORMATION

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Executive Director's Update

On behalf of the team at Alleyne Inc., I want to say what a pleasure it is to be working with the CPMA. Since coming on board in December, we have worked on coming up to speed with issues facing the profession and are working on the early stages of a multi-year strategic plan.

2016 is an exciting year. With the world coming to visit with us at the upcoming International Federation of Podiatrists/Federation Internationale des Podologues (FIP) World Congress May 26-28 in Montreal. Indeed, at this time, things are looking well for this major event.

Work in the CPMA office is brisk.

- We are continuing work on relationships with various associations – globally with other Podiatry groups and on a pan-Canadian basis with various insurers and the Canadian Life and Health Insurance Association (CLHIA). Our work with other foot care groups on a document that serves as guidance for insurers has come to a point where a new version is being offered to CLHIA for publication.
- Our new team is reaching out to our corporate seal partners to reinvigorate these relationships.
- This newsletter has moved to an electronic format to facilitate production and dissemination.
- We continue to support our provincial members in their efforts and issues on a regional level.

Once again, we are pleased to be here to serve you. Over time, we hope to provide stewardship for the profession in Canada.

Joel Alleyne

Executive Director, CPMA ■



CPMA President's Message

This is the first President's Message distributed by email under the leadership of our new Executive Director, Joel Alleyne and the team at Alleyne Inc. This report is also my last as your President.

This is a special year as it is our 90th anniversary. The Canadian Podiatric Medical Association started in 1926 and is the oldest foot care association in Canada, representing Canada's highest level of training of podiatrists.

I thank all of you for allowing myself and the Executive Board and Board to lead you for the past six years. I have encouraged comradery and giving equal voice to each province. At the beginning of my presidency there was no Quebec Association, and now, not only has it formed, it represents quite a number of Quebec Podiatrists. Along the way, we have increased our membership, upgraded our website, started distributing the newsletter by email, increased member privileges, and maintained competitive pricing for professional liability, office, and director and officer insurance.

We have access to strategic partners and preferred pricing for electronic medical records from our QHR/Accuro, relationship with Royal Bank of Canada, which extends us preferred pricing. We can also access reduced costs for merchant banking, Perkopolis-group discounts, employee pricing on Hoka Running Shoes, and there will be more member benefits to come in the future. We have begun to distribute weekly emails of Podiatry articles and current Podiatry news and information from Multiview CPMA ENews and Podiatry articles and research from Sosido.

Over the years we have:

- increased our relationship with various groups and have represented CPMA in a professional manner;
- met as a national voice to private insurance companies;
- enhanced our relationship with Canadian Life Health Insurance Association (CLHIA) who represent insurance companies;
- attended and exhibited at CLHIA meetings yearly and both myself and Brad Sonnema have lectured at their meetings over the years; and
- developed a Biomechanical Form that has been given to insurance companies and CLHIA.



We have represented CPMA to other organizations including the Department of Veterans Affairs, RCMP, and the Federal Government, and also to various organizations; Chiropractic, Pedorthic, Chiropodists, Orthotists and Prosthetists, Physiotherapy, Canadian Medical Associations, Canadian Diabetes Association and Canadian Association of Wound Care.

I have continued and increased our relationship with the American Podiatric Medical Association. This has allowed CPMA access to various component associations of APMA eg. National Boards, American Society of Podiatric Surgeons, and The American College of Foot & Ankle Orthopedic & Medicine. I have continued our relationship with Society of Chiropodists and Podiatrists of the United Kingdom, such that we have a positive ongoing relationship with them. The CPMA, APMA, and SOCAP have friendship agreements that date back over 20 years.

Our relationship and partnership with the International Federation of Podiatrists (FIP) is important to the CPMA, especially this year with our partnership in the World Congress May 26-28, 2016 in Montreal.

There are many people I would like to thank for helping me these past six years: Past and present Executive Board Members Brad Sonnema, Eddie Yuen and Richard Bochinski; past and present Board Members Howard Green, Greg Laakman, Alicia Snider, Kel Sherkin, Bruce Ramsden, Olivier Parent, Genvieve Payette, Patty Pendelton. I would like to thank Past Presidents Mario Turanovic and Robert Chelin (who also is CEO of the FIP

World Congress) and Francois Allart Vice Chair of Education program of the World Congress. I would also like to thank various members of CPMA who have helped us over the last six years. Thanks also to Joel Alleyne, Jacinta Khan and the staff at Alleyne Inc. for their leadership and direction. I know you will be beneficial to the leadership of the organization in the future.

I especially would like to thank my wife Nancy and kids Alexander and Vanessa for their support and understanding over these past six years. I could not have done this without all of you.

I thank you all once again. This experience has helped me grow as a listener, communicator and leader. I look forward to helping and working with the new executive and Executive Director.

*Dr. Joseph Stern, President
Canadian Podiatric Medical Association ■*

Welcome and Congratulations Podiatry Graduates

Congratulations to all the Canadian students who have completed their podiatric education in spring 2016.

As you are about to discover, providing podiatric care to patients will be a very rewarding medical career. As you know, foot health dramatically impacts many other aspects of human health. You can make a difference to your patients' lives, alleviating foot pain and helping

them maintain or improve mobility. You are joining an important part of the health care spectrum and a profession that grows in stature and numbers each year.

The CPMA sends our warmest congratulations to all 2016 graduates, and welcome! ■

Writing Medical Expert Reports for Legal Cases

For patients with injuries that are going through litigation, their lawyer may request a medical legal report. A lawyer may also request Independent Medical Examination and report of someone that is not your client. These reports are often used as the basis of settlement discussions or presentation of the case before the courts. Should the case proceed to trial, you may be asked to testify and be subject to cross examination. It is therefore important to consider many factors when preparing such reports.

You are entitled to a reasonable fee for the preparation of this report. To avoid any fee dispute, you should clear the fee with the lawyer beforehand, preferably in writing. If you are charging on an hourly rate you may want to give a rough estimate. Fees should not be mentioned in your report as it can be used against you on cross examination. If you have commenced drafting the report and request is cancelled before the completion, you are usually entitled to a fee for the work done.

The report is used by legal counsel, insurance adjusters, judges, and jury members. Keep in mind that most do not have any formal medical training so clear and concise plain language is preferred. If medical terms are used, you may consider including an explanation.

Note that each Province and level of Court may have specific rules on the format and what needs to be contained in the report. The requesting letter from the lawyer should contain instructions on what is required to conform to these rules.

The report should be addressed to the requesting lawyer.

Most reports begin with a summary of your credentials and experience in one or two paragraphs. It should include a statement of your expertise and practice interest, a summary of your education, and a summary of your clinical practice. You may also want to comment on lecture experience and publications. You may want to

Writing medical expert reports for legal cases



attach your CV or statement of qualifications as an Appendix to the report

The report should state the purpose of the report. If there are specific questions asked by the lawyer you should refer to those questions. Some jurisdictions such as British Columbia require you to set out the instructions provided to you. You may want to attach the instructing letter as an Appendix.

State the facts and assumptions that you are relying on. This section will often contain pertinent background information such as patient history. If you are replying on other records, consult reports, scans, tests, or other records, you should state this. A chronological summary of the visits and recommended treatments is often helpful. If there are relevant pre-existing health issues this should be disclosed.

After summarizing the patient history, course of treatment and relevant facts, there should be a section that sets out your opinion. This section should state your diagnosis, comments on causation, your prognosis, and recommendations. You can discuss this all in one section, or put them in separate sections. Again clear and concise in plain language is preferred.

When commenting on causation of the injuries, refer to the instructions provided by the lawyer for the standard of proof. The test is usually different than the medical standard and it can vary depending on the purpose of the report. Quite commonly the test will be on a balance of probabilities, or what is more likely than not. You are looking at probabilities of 51% or greater. You may also be asked to use the “but for” test (but for the motor vehicle accident, the injury would not have occurred) or the material contribution test (did the accident materially contribute to the injury). If you are unclear on what standard to use for causation, a quick telephone call to the lawyer is recommended.

Long term prognosis of the injuries should be included in your opinion. This is because the courts are asked to assess the future damages. Again the standard of proof will often be different from the medical standard.

The last section is generally a recommendation on future treatment or care. If future care is required, there is often uncertainty with the patient’s needs. This can often be a challenging issue to discuss. Generally speaking the future care is based on what is reasonably necessary to promote the medical and physical health of the patient. In other words the recommended treatment should have a medical justification, and secondly, be reasonable. While not required, a general estimate of known costs and replacement schedules are helpful.

There may be injuries to the patient that are out of your area of expertise, such as psychological injuries. Don’t hesitate to state that it is out of your expertise and that you would defer to the appropriate specialist.

Your opinions should be as objective and unbiased as possible. Avoid comments on the patient’s credibility. Courts give greater weight to these reports over those that appear to be biased. Some jurisdictions even require the author certify that they have a duty to assist the court and confirm that they are not an advocate for any party. This is often perceived to be contrary with the medical ethical obligation for a medical practitioner to

advocate for their patient. These requirements are not meant to interfere with medical legal obligations in treating your patient. They are meant to ensure that reports are written in an impartial, objective manner.

The report does not need to be overly long. Most are 3-10 pages long, depending on the complexity of the injuries.

If the case proceeds to trial, you may have to testify at trial. The lawyer that is submitting your report first questions you under direct examination. Questions under direct examination are generally limited to establishing your expertise and seeking clarification of various passages in your report. After direct examination, the lawyer for the other party has an opportunity to ask you questions under cross examination. The lawyer will attack your report. Common attacks are directed to either missing or mistaking the facts that your opinions are based upon. They may point out portions of your report that may be out of your area of expertise. Journal articles are also often used during cross examination. During questioning, it is again best to attempt answer in an objective manner. Hold your ground if you disagree but don’t hesitate to concede reasonable points. The Court is looking to you for assistance in assessing the case and gives more weight to testimony that appears to be objective and unbiased. Combativeness is not helpful.

To many practitioners, preparing a medical legal report can be an unpleasant task or even an annoyance, particularly to those who have been subjected to cross examination. However to the parties, their lawyers, judges and juries, these reports play an important role in determining the outcome of the case. The legal community very much appreciates reports that are written with great care.

Dr. Anthony Yung BSc, DPM, FACFAS with Stephen Yung, LLB, partner at Simpson Thomas & Associates, 15 years specializing in motor vehicle accident claims.
www.simpsonthomas.com ■

The Geometry of a Midsole: Geometric Posting

While running shoe categories have expanded over the last few years with the addition of minimalism and, more recently, maximal shoes, the 'traditional' running shoe with its moderate stack height and heel/toe offset continues to dominate the market place. Neutral and stability running shoes have habitually been sold to customers for decades based primarily on how they fit into two basic silos.



What has defined these two footwear divisions has been the presence or lack of a medial midsole post. It was first introduced in the early 1980s by innovator Jerry Turner by way of his iconic style: The Brooks Chariot. Since then, basic medial posting has remained essentially unchanged, though certainly many designers have attempted to otherwise reinvent it. Most medial posts are built by inserting a higher durometer or more dense foam into the medial aspect of the midsole. This keeps it from compressing over time, a form of shoe wear that can exacerbate any excessive pronation tendencies.

However, recently shoe manufacturers have taken a fresh new approach to 'medial posting'. This new design technique can be called: *Geometric Posting!* Geometric posting is accomplished by making the outer shell of the medial midsole convex, thus making it 'firmer' under impact force. This technique is often combined with a diametrically opposed concave design on the lateral aspect of the shoe making it otherwise softer upon impact.

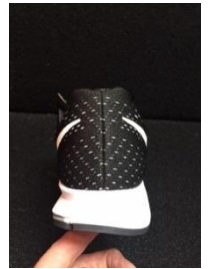


In this way, a type of medial posting is created in what is otherwise categorized as a 'neutral' shoe. One ends up with a shoe made of one density foam, but functioning like a dual density model! This geometric design may be welcomed by those who believe that the

traditional medial post can block or hinder natural pronation. This technique may actually be an effective way to guide the foot, without actually diminishing the foot's ability to adapt to ground reaction forces.

So in review: Geometric Posting is the use of subtle differences in foam geometry that can make a huge difference in both the performance of the shoe, the effectiveness of the orthotic device, and the overall durability of the shoe.

Remember, a medial post created either way is only one of many design features that affect the overall support and stability rating of a running shoe. The width of the soleplate, the general firmness of the foam, the amount of outsole ground contact and the curve of the last all work together to create the complete support system.



So, when examining a patient's shoe, look at the geometric design of the midsole. Note where there are concave sections in the midsole which may encourage it to collapse upon impact. Where the midsole bulges out in a convex way, observe how it actually makes that part of the shoe present as more solid foam base.

In the final analysis traditional silos have blurred the lines between the stability and neutral silos. A neutral shoe is not necessarily always a 'neutral' shoe. So your shoe fitter needs to know these little geometric nuances because, under foot, they can make a big difference to you and your patients. ■

Phil Moore

BA-BPHE Queen's University '81
Owner LadySportLtd. est. 1983

Visit www.fitfirst.ca or www.ladysport.ca to see more pictures that illustrate *Geometric Posting: The New Age Medial Post!*

Medical Malpractice Insurance

Medical Professionals are held to a higher standard than non-professionals. When a question of liability arises, any claim or allegation leading to a claim with respect to their business may result in a damaged reputation and financial destruction. Westland Insurance in collaboration with Intact Insurance are trusted names in Medical Professional Liability covers and we have the best coverage out on the market for Medical Malpractice Insurance

Our medical malpractice program is designed to provide broad cover for a full range of Podiatry related activities, for those professionals in the Podiatry field. Our expertise is best in class. Over the past 18 years, Intact and previously AXA Pacific has been the insurer for the CPMA program. In 2014, we received and handled 12 claims of various severities with a total of \$275,000 in claims paid.

We have included a few claims examples for your review:

1. A Patient was diagnosed with 3 fractured bones in her 2nd, 3rd and 4th metatarsals. The claimant accused the insured of doing a "superficial examination" and giving orthotics that worsened the patient's problem. Intact defended the claim and ultimately settled out of court.

2. A patient with diabetes complained of her foot being sore. The Insured noticed a bunion deformity and recommended that she have a prophylactic surgery to remove the bunion to reduce the chance that she would develop sores. The Insured informed the patient to expect a call from the clinic within 3 weeks and if not to follow up in 3 weeks.

The patient left messages that were never returned and persisted to get in touch with the insured. After 8 months the response from the insured was that a surgery was booked but by then the patient's condition



had worsened. On the day of the surgery, two of the patient's toes had to be amputated due to necrosis. Over \$65,000 was paid by the insurer in legal expenses.

3. A Patient had a toenail removed and subsequently suffered an infection. The patient alleged that the infection was the result of a failure on the part of the podiatrist to provide an acceptable standard of care. The insurer provided a defense of the insurer and paid a claim for the cost of drugs, orthotics, and lost wages.

4. The insured performed several surgical procedures on a patient who after claimed they were unnecessary and caused serious damage to her right foot. The insured allegedly described the procedures as minimal incision procedures from which the patient would quickly recover. The patient claimed that the bones in her foot failed to heal properly and required multiple surgical procedures by other physicians to fix the problems.

Medical malpractice insurance (cont'd)

It was alleged that the “Defendant failed to disclose risks and hazards that would have influenced a reasonable person in making a decision to give or withhold consent for the procedure.” The insurer defended the claim and paid damages for pain and anguish, disfigurement, medical expenses and interest.

Lastly, please find below 6 ways to prevent patient injuries and lawsuits:

1. Effective Communication

Honest and open communication is the best approach; that’s why it’s often referred to as “disclosure.” When patients feel that healthcare providers genuinely care and have their best interests in mind, they tend to be more forgiving of errors.

A bad outcome is not always synonymous with malpractice. However, a bad outcome and poor communication are usually the driving force when a patient or family considers litigation.

Listening carefully, offering clear answers and instructions, addressing complaints, setting realistic expectations, including family members (as appropriate), and documenting thoroughly are all good techniques to improve communication and avoid risk exposure.

2. Informed Consent

Patient consent is a big area where claims can come into play.

Podiatrists want to make sure that their patients have consented to whatever procedure the doctor is doing.

It’s essential to verbally communicate the risks **before** a procedure, not after—and to include this information in a written consent form that the patient signs. The patient must receive a proper explanation of the form’s purpose that clearly spells out the risks inherent in the procedure.

This should be standard practice.

3. Stay up-to-date on standards and training

Podiatrists need to be aware of new and revised developments in their areas of practice. This includes changes in disease management for acute and chronic conditions, technological innovations, recently published research and practice standards.

4. Adequate follow-up

Some of the most frequent problems resulting in litigation involve the lack of follow-up by practitioners.

There are instances when tests results aren’t received by the ordering podiatrist. On other occasions, patients don’t follow through with tests as directed; or the results come in, are filed away before the physician reviews them, and the patient isn’t briefed about the findings.

If test results that indicate patients need further testing or treatments are lost or not addressed, patients may not receive necessary treatment.

5. Variations in policies and procedures

“In well-run practices, there is one set of rules that all staff understands and follows. The alternative is risky, where there are numerous competing procedures that vary from Podiatrists to Podiatrists or between staff members, making it easy for errors or omissions to occur.

Policies and procedures should be specific and readily available to all staff members. They can be kept in a notebook or manual or in an electronic format that is easy for the office staff to access. The Podiatrist or a committee should review policies and procedures on an annual basis to ensure that they reflect preferences and requirements.

Medical malpractice insurance (cont'd)

6. Compassionate behavior

Compassionate gestures count. If a patient has a bad outcome, it is important to show genuine compassion for the outcome.

Don't be afraid to face them. It's important to let them know you understand how they feel. Make eye contact with whomever you're addressing. And be sure to listen; don't do all the talking. In other words: Just listen and be there. Show that you care.

Remember, however, that risk management remains "a moving target,". As new technologies and treatments emerge, so too will new risks. It's important to constantly reassess and measure both quality and safety.

Frederic Lajeunesse, B.Comm. ■



CPMA - Going Green

Welcome to our latest digital-only newsletter!

You may recall from our announcement last year that we have decided not to print our newsletters, along with no longer printing agendas and minutes for distribution at the meetings we hold. Instead, you'll receive the information via email and we'll ask you to access it on your computer or mobile device.

A green medical practice makes sense, not just from the perspective of the greater good, but from a consistency standpoint. We are in the business of health, and the environment is a direct contributor to the state of health.

TIPS

- ♥ Purchase environmentally-friendly paper.
- ♥ Place recycling bins throughout your office, especially where staff tend to use and discard recyclable materials, like the photocopier, kitchenette, and under desks.
- ♥ Select products with the least amount of packaging.
- ♥ Use energy-efficient lighting.
- ♥ Look for certified green products when purchasing office equipment. EnergyStar, Green Seal, and the Forest Stewardship Council are good signs that you are making the greener choice in products.
- ♥ Consider switching to greener sterilization products.



REDUCE. REUSE. RECYCLE.

These are the bywords of making changes that can result in big savings, both for the environment and your practice. See how many of these ideas suggested by small business owners that might be possible to incorporate in your office. ■

CPMA Membership - what's in it for you?

The Canadian Podiatric Medical Association was created for you, by podiatric professionals like yourself.

Our non-profit organization was formed in 1926, dedicated to enhancing the profession of podiatry and providing a collective voice to government, industry and Canadians on your behalf.

There are a lot of benefits to belonging to our national organization.

Some of them are easy to see; others less obvious but still important. Take a look below to see the value of being a member of our national podiatric organization.

The CPMA:

- Connects you to colleagues across Canada.
- Sends out weekly e-news bulletins to keep you informed of news that may affect the profession or your practice.
- Distributes a quarterly newsletter that keeps you current on events and issues related to the podiatric profession.
- Extends an invitation for you to attend all CPMA general meetings with voting privileges.
- Offers reduced malpractice insurance rates by 35 to 40 per cent as a result of preferred rates negotiated by the CPMA.
- Provides you access to join a competitive health and dental plan negotiated on behalf of all CPMA members.
- Includes automatic membership in the Federation International de Podologues (FIP). This entitles you to:
 - Attend FIP global events, including the FIP World Congress, held every three years. (Note: As a member of FIP, you receive a discounted registration rate)
 - Receive FIP's electronic newsletter, *Footsteps*
 - Access the wide range of online educational courses offered by FIP (Note: the current course is on Diabetes and is extremely easy to access by going to <http://fip-ifp.org>)

- Brings you a preferred partnership relationship with QHR technologies to provide Accuro EMR program to members.
- Offers preferred banking services on both a personal and business level with Royal Bank of Canada (RBC).
- Provides discounts on disability insurance.
- Employee pricing on Hoka Running Shoes.

The CPMA ... we help keep you moving. ■

CPMA Member Site

Log into our new membership site by visiting **www.podiatrycanada.org** and clicking the MEMBERS button at the top right. There you will find back issues of the newsletter along with meeting notes, CPMA communiques, and other pertinent documents. If you cannot find your log in information, please send an email to **info@podiatrycanada.org** with your first and last names, email address, and telephone number. Be sure to check in with us regularly! ■



Canadian Foot Docs Volunteer in Winter Special Olympics

The Canadian Winter Games of Special Olympics was recently held in Corner Brook Newfoundland. Over 700 athletes from the 10 provinces and three territories attended. The winners of these events will then compete in the World Winter Games to be held in Austria during the winter of 2017.



(L-R) Brendan Bennett, Dr. Patty Pendelton, Rebecca Bennett, Dr. Kel Sherkin

Podiatrists Drs. Patty Pendelton and Kel Serkin, among others volunteered through Fit Feet, a screening program of the Healthy Athlete program of Special Olympics, provided free examination and screenings for these athletes over a 4-day period. – Dr. Kel Sherkin, DPM ■

CPMA Seal of Approval Program

When you go to CPMA's web site, you'll see a header on the home page labeled "Approved Products." If you click on that section, you'll see a selection of products (footwear, socks, gels and ankle supports) that you, as a podiatrist, can confidently recommend to your patients. These products have been evaluated by a standing committee of the CPMA and found to promote quality foot health

Kudos to our Seal of Approval Companies!

CPMA's Seal of Approval program wouldn't be possible without a commitment to quality on the part of our participating manufacturers. Thank you for making exceptional products with the consumer's foot comfort and safety in mind.

The process a company goes through to get the CPMA "Seal of Approval" involves submitting an application for each product along with samples for the committee to evaluate. The application requires documentary evidence on the composition, physical and chemical

properties; evidence of efficacy; and objective data from clinical or laboratory studies that support any claims made about the product.

The committee that reviews the products, the CPMA Committee on Podiatric Materials and Equipment, consists of a chairman and three members of the CPMA. Once the product has been reviewed by the Committee, recommendations are made to the CPMA Board of Directors for final action and approval.

Remember to keep checking this section of the web site because we're adding new products all the time. The Seal of Approval program is one more service the CPMA provides podiatrists so they can confidently recommend quality foot care products to their patients.



- Clarks
- Doris Hosiery
- FRS
- incrediwear
- Infracare
- Ped a ligne
- Kerasal
- New Balance
- PolyGel
- Renfro Canada
- Saucony
- Simcan
- Stonz
- Therapy Plus
- Wigwam

Mark Your Calendar and Plan to Attend!

2016 Dates

May 26-28

FIP World Congress of Podiatry

Montreal, Quebec

www.fip-ifp.org

May 27 12:30 – 2:00pm

CPMA Annual General Meeting

Montreal, Quebec

www.podiatrycanada.org

July 14-17

APMA Annual Scientific Conference

Philadelphia, Pennsylvania

www.apma.org

November 4-6

Live Well With Diabetes Conference

Vancouver, British Columbia

2017 Dates

July 27-30

APMA Annual Scientific Conference

Nashville, Tennessee

www.apma.org

Aug 8-11

Pacific Coast Conference

Portland, Oregon

www.podiatryinstitute.com

2018 Dates

July 12-15

APMA Annual Scientific Conference

Washington, D.C.

www.apma.org ■



Join us in Montreal as we host the world of Podiatry!



If you have not yet registered to attend the World Congress of Podiatry there is still time to register.

Register today!

We look forward to seeing you in Montreal.

<http://registration.cgi-pco.com/WCP2016/registration.html>